MEMORANDUM

Agenda Item No. 7(M)(2)(G)

TO:

Hon. Chairperson Barbara Carey-Shuler, Ed.D.

and Members, Board of County Commissioners

DATE:

April 13, 2004

FROM:

Robert A. Ginsburg

County Attorney

SUBJECT: Resolution authorizing

provision of in-kind services for the Springs River Festival

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Rebeca Sosa.

> Robert A. Ginsburg **County Attorney**

RAG/jls

TO:

Hon. Chairperson Barbara Carey-Shuler, Ed.D. and Members, Board of County Commissioners

DATE:

April 13, 2004

FROM:

Robert A. Ginsburg

County Attorney

SUBJECT: Agenda Item No. 7(M)(2)(G)

Ple	ase note any items checked.
	"4-Day Rule" ("3-Day Rule" for committees) applicable if raised
9	6 weeks required between first reading and public hearing
	4 weeks notification to municipal officials required prior to public hearing
	Decreases revenues or increases expenditures without balancing budget
	Budget required
	Statement of fiscal impact required
	Bid waiver requiring County Manager's written recommendation
	Ordinance creating a new board requires detailed County Manager's report for public hearing
	Housekeeping item (no policy decision required)
	No committee review

Approved	Mayor	Agenda Item No.	7(M)(2)(G)
Veto		4-13-04	
Override			
	RESOLUTION NO.		

RESOLUTION AUTHORIZING PROVISION OF IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 16-18, 2004 SPRINGS RIVER FESTIVAL IN AN AMOUNT NOT TO EXCEED \$ 3,866

WHEREAS, Springs River Festival Inc. has requested use of the Park and Recreation Department showmobile for its April 16-18, 2004 event in an amount not to exceed \$3,866 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Springs River Festival is a district event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes a use of the Park and Recreation Department showmobile for the April 16-18, 2004 Springs River Festival in an amount not to exceed \$3,866.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by

Commissioner , who moved its adoption. The motion was seconded by

Commissioner and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson Katy Sorenson, Vice-Chairperson

Bruno A. Barreiro

Betty T. Ferguson

Jose "Pepe" Diaz

Sally A. Heyman

Joe A. Martinez

Dennis C. Moss

Dorrin D. Rolle

Natacha Seijas

Sen. Javier D. Souto

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The Chairperson thereupon declared the resolution duly passed and adopted this 13th day of April, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

Ву:	
Deputy Clerk	

Approved by County Attorney as to form and legal sufficiency.

4mmc

Mariela Martinez-Cid

MIAMI-DADE COUNTY FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Pe	esse complete the follo	owing form and submit complete	d form along with requ	nested meterials, if g	pplicable, to:	4-16+04/18
	Com 1111	oiai Evento Staff Imunications Department N.W. 1≖ Street, Sulte 2510 nl, FL 33128		Phone: Fex:	(305) 375-2836 (305) 375-3968	4-16+04/18 EVENT
Ту	pe of Event/Applicatio	n (sciect one of the following):	,		r	
•	District Event - Ci Small Event - Dispectal Event	submitted to the appropriate (Event of minimal impact not n date.) Event with expected sitendan	District Commissioner accesserily related to a oe of less than 5,000 to	within two says of re specific commission with localized impac	sceipt of application.) n district. (Complete que t limited to en individual (retions 1-7, sign and
	☐ Mejor Event -	municipality (Camplele questi Large Event with expected at vandalism (Complete question	enda nce of o ver 5,000 16 1-12, eign, dale and	O or aignificent proba Laubmit form no laid	ibility of prolests, contror or then 120 days prior to	versy, violence cr event date.)
١.	Full legal name of th	ne requesting organization:	PRINGS	RIVER F	ESTIVAL	, INC.
2,	Applicant Status: (S	iclest one of the chaices below)				
	Coun	For-Profit or Tex Exempt Tufft Illy Sponsored Event/Sponsoring ((apecify):		Local Government	or Public Entity	
3.	Name and contact in CONST	nformation for single point of con ANCE BRAND USPRINGS FO	actiodress phone ENBURG - 33266, 5	lax, e-meil soldress, -CHA1RP OS 8878	etc): OFSON, PO GGG FAX 30	BK 661155 5782 8816
Ļ	applity fee waiver of for 2 Tef	r in-kind service requested (qua NEE DAY EV	ntity, if applicable): _	se of	LARGE SH	MOBILE
ā.	COOK	description, and purpose of the SSRIVER FEST FESTIVAL INC OFFICHILAREA MERE PUR LAND NATTO	TROING F	RTAINM	BRITAINME ENT, ACT	ST. CHILI
Ĺ	Please select ALL th	at apply to event.				
	Second Youth Means of Man Arts & Environment & Env	omic <u>Development</u> : Event supported in the community point of the community and Culture: Event supported in the community of the culture in t	h of any age and/or of pports health-related o ic, theelre, literature, i mental concerns of p	isra educational ber suses and/or accial art of culture romotes conservatio	programa or institutions on	first improve quality
•		TED IN MANNI CAN AL STREET		DIST	PARKWAY	CIRCLE

MIANILDADE COUNTY ' FEE WAIVERIN-KIND SERVICES APPLICATION

ą.	Osserviction of regional or local impact:
	*
9.	Dally/bourly event schedule. Individing solven and breakdown schodule (attach event calandar, if applicable):
10.	Detailed description of event venues from or achematic of event venues, access points, aurrounding roadways and traffic flow diagrams, if applicable):
11.	Expected number of participants and estimated attendance (per day, if applicable):
12.	itemized budget, including total event budget, inial immore of hact commission, if applicable, and total commitment of resources (effects additional pages as needed):
	aby certify that all the statements made in this application are true and correct.
ESCUI	iture of Authorizan Representative
	2404

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